

WILD OLYMPIANS REGISTRATION FORM 2023-2024



WILD ROOTS
HOLISTIC LEARNING CENTER

Student Name: _____

Age: _____

Parent's Name: _____

T-Shirt Size: _____

WAIVER

I, _____, the parent/guardian of the registrant, a minor, acknowledge the possibility of physical injury associated with this outdoor sports activity and release Wild Roots and its staff members from all liability for any injuries sustained while participating in Wild Olympians activities.

By signing below, I agree with the statement above.

Parent Signature: _____

Date: _____

OFFICE USE ONLY:

☐ PAID

☐ ROSTER